\$630.00

PTD/SB/17 (10-07)

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ADE pursuant	Effective on 12/08/2004. to the Consolidated Appropriations Act, 2005 (H.R.	1818)
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FEE IKANSMILIAL For FY 2008

	Applicant claims small entity status.	See 37 CFR	1.27
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OTAL AMOUNT OF PAYMENT	(\$)	630.00

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Application Number	109/475,448	98	
Filing Date	December 30, 1999	- G0	
First Named Inventor	David Johnston Lynch	200	
Examiner Name	Annan Q. Shang	6.9	
Art Unit	2623	13	
Attorney Docket No.	RCA89385	<u> </u>	

TOTAL AWOUNT OF PATM	ENI (Φ)	630.00	Attorney D	ocket No.	RCA89385	
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify): ✓ Deposit Account Deposit Account Number: 07-0832 Deposit Account Name: Thomson Licensing							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
✓ Charge fee(s) i					, ,		except for the filing fee
Charge any adunder 37 CFR	1.16 and	1.17	• •	· · · · · · · · · · · · · · · · · · ·	Credit any ov	• •	
WARNING: Information on this information and authorization o			lic. Credit card is	nformation sho	uld not be inc	luded on this form	. Provide credit card
FEE CALCULATION							
1. BASIC FILING, SEARC		D EXAMINA S FEES Small Enti	SEA	RCH FEES		MINATION FEE	-
Application Type	Fee (\$)	Fee (\$)	Fee (<u>Small Ent</u> (\$) <u>Fee (</u> \$)		Small Entity (\$) Fee (\$)	Fees Paid (\$)
Utility	310	155	510	255	21	0 105	
Design	210	105	100	50	13	0 65	
Plant	210	105	310	155	16	0 80	
Reissue	310	155	510	255	62	0 310	
Provisional	210	105	0	0	(0 0	
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues)Small Entity Fee (\$)5050							
Each independent clair Multiple dependent cla		(including	g Reissues)			210 370	105 185
• •	iiiis Extra Cla	ims F	ee (\$) Fe	e Paid (\$)			Dependent Claims
20 or HP =		x				Fee (\$)	
HP = highest number of total of Indep. Claims - 3 or HP = HP = highest number of indepe	Extra Cla	<u>lims </u>	<u>Fee (\$) </u>	e Paid (\$)			
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer							
listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof (round up to a whole number) x Fee (\$) Fee Paid (\$)							
4. OTHER FEE(S)							Food Boid (\$)

SUBMITTED BY		// X		
Signature	(Al \	Registration No. (Attorney/Agent) 34,721	Telephone 212-971-0416
Name (Print/Type) Jack/Schwartz/			Date December 10, 2007

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Notice of Appeal and)ne (1) month extension of time

This collection of information is required by 37 CFR 1.136-The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.CF.122:and.37.CFR.4.14- This collection is estimated to take 30 minutes to complete, an including gathering, preparing, and submitting the completed application form to the USPTO differential vary depending upon the individual case. Any comments of the amount of time you require to complete this form and/or suggestions/for reducing this burdent should be sent to the Chief Information Officer; U.S. Patent the stage and trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrian VA:22313-1450. IDO:NOT-SEND: FEES-OR:COMPLETED FORMS: TO THIS 2479-1455. THE ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, FAlexandrian VA:22313-1450. The representation of the property of the form and the form an If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2, completing the form, call 1-800-PTO-9190 and select option 2, completing the form, call 1-800-PTO-9190 and select option 2, completing the form, call 1-800-PTO-9190 and select option 2, completing the form, call 1-800-PTO-9190 and select option 2, completing the form, call 1-800-PTO-9190 and select option 2, completing the form, call 1-800-PTO-9190 and select option 2, completing the form, call 1-800-PTO-9190 and select option 2, completing the form, call 1-800-PTO-9190 and select option 2, completing the form, call 1-800-PTO-9190 and select option 2, completing the form, call 1-800-PTO-9190 and select option 2, completing the form, call 1-800-PTO-9190 and select option 2, completing the form, call 1-800-PTO-9190 and select option 2, completing the form 2, completing the for